UNITED STATES DISTRICT COURT DISTRICT OF OREGON

| Kerry D. Austir | n, on behalf of himself a | nd all | vil Case No. 3:1 | 4-cv-00706 | |
|------------------|---|---|---|--------------------------------|-----------------|
| others similarly | | | PPLICATION FO | OR SPECIA | Ī |
| Plainti | ff(s), | | DMISSION - PR | | |
| v. | | | | | |
| Union Bond & | Trust Co., and Morley C | Capital | | | |
| Management | | | | | |
| Defend | lant(s). | | | | |
| | | | | | |
| Attorne | y Jason H. Kim | re | quests special ac | dmission <i>pro</i> | o hac vice in |
| the above-capti | oned case. | | | | |
| | | | | | |
| requirements o | f LR 83-3, and certify the | o Hac Vice Admission: hat the following informa | | understand | the |
| | f LR 83-3, and certify the PERSONAL DATA: | hat the following informa | | | the |
| requirements o | f LR 83-3, and certify the PERSONAL DATA: Name: Kim | hat the following informa Jason | | Н. | |
| requirements o | FLR 83-3, and certify the PERSONAL DATA: Name: Kim (Last Name) | hat the following informa Jason (First Name) | tion is correct: | H. (MI) | (Suffix) |
| requirements o | FLR 83-3, and certify the PERSONAL DATA: Name: Kim (Last Name) | hat the following informa Jason | tion is correct: | H. (MI) | (Suffix) |
| requirements o | Firm or Business Affil | hat the following informa Jason (First Name) | tion is correct: | H. (MI) | (Suffix) |
| requirements o | Firm or Business Affil Mailing Address: City: Emeryville, Califo | Jason (First Name) liation: Schneider Wallact 2000 Powell Street, Schneider State | e Cottrell Konecl | H. (MI) | (Suffix) LLP |
| requirements o | Firm or Business Affil Mailing Address: City: Emeryville, Califor Phone Number: (415) | Jason (First Name) liation: Schneider Wallac 2000 Powell Street, Schneider Wallac | e Cottrell Konecluite 1400 CA Fax Number: | H. (MI) ky Wotkyns Zip: 946 | (Suffix) LLP |

| (.) | BAF | BAR ADMISSIONS INFORMATION: | | | | | | |
|-----|---------------|--|--|--|--|--|--|--|
| | (a) | State bar admission(s), date(s) of admission, and bar ID number(s): Hawaii - Admitted 10/23/1998; SBN 7128 | | | | | | |
| | | California - Admitted 6/24/2002; SBN 220279 | | | | | | |
| | (b) | Other federal court admission(s), date(s) of admission, and bar ID number(s): California Central District - Admitted 4/25/2003; SBN 220279 | | | | | | |
| | | District of Hawaii - Admitted 10/23/1998 | | | | | | |
|) | CEF | CERTIFICATION OF DISCIPLINARY ACTIONS: | | | | | | |
| | (a) | ☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or | | | | | | |
| | (b) | ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.) | | | | | | |
|) | CEF | RTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: | | | | | | |
| | equi State | LR 83-3(a)(3), I have professional liability insurance, or financial responsibility valent to liability insurance, that meets the insurance requirements of the Oregon Bar for attorneys practicing in this District, and that will apply and remain in force ne duration of the case, including any appeal proceedings. | | | | | | |
| 5) | REF | REPRESENTATION STATEMENT: | | | | | | |
| | I am | I am representing the following party(s) in this case: | | | | | | |
| | Plair | Plaintiff Kerry Austin, on behalf of himself and all those similarly situated | | | | | | |
| | - | | | | | | | |
| | | | | | | | | |
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| (| (6) | CM/ECF | REGISTRATION: |
|---|-----|--------|----------------------|
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Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (*See* the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

| DATED this 21st day of April | |
|------------------------------|--------------------------------|
| | Ch. |
| | (Signature of Pro Hac Coursel) |
| | Jason H. Kim |
| | (Typed Name) |

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

| DA | FED this 21st | day of _ | April | , 2017. | | | |
|---------------|-------------------|--------------------------------|---------------|---------------|------------------|------------------|----------|
| | | | | s/Timo | thy S. DeJo | ong | |
| | | | | (Signature o | f Local Counsel) | | |
| Name: Tim | | | De | Jong | | S | |
| | Name) | | (First | Name) | | (MI) | (Suffix) |
| | e Bar Number: | | | | | | |
| Firm or Bus | iness Affiliation | n: Stoll Stoll E | Berne Lokting | g & Shlachter | PC | | |
| Mailing Ado | Iress: 209 SW | Oak Street, S | Suite 500 | | | | |
| City: Portlar | d | | | State: _ | Oregon | Zip: 97204 | |
| Phone Numl | per: (503) 227- | -1600 | Bu | siness E-mail | Address: | tdejong@stollber | ne.com |
| | | | | | | | |
| | | | COURT | ACTION | | | |
| | | | | | | | |
| | | Application a Application d | | ject to payme | ent of fees. | | |
| DA | ΓED this | day of _ | | | | | |
| | | | | Judge | | | |